**VARM Referral Summary Form**

**Please complete to the best of your knowledge and send to your line manager to be signed off prior to circulating. Once approved by your line manager contact** [**Warwickshire Safeguarding Business Team**](mailto:wsab@warwickshire.gov.uk) **to obtain a unique VARM number. This will then need to be added to your form before it is circulated to partner agencies.**

**PLEASE NOTE: The below information is strictly confidential**

|  |  |  |
| --- | --- | --- |
| Name of Adult: |  | |
| Unique VARM ID number: |  | |
| Contact Information for adult:  Home:  Mobile:  Email: |  | |
| In your experience, does the adult have a preferred method of contact? | Yes  No  Unknown  Preferred method of contact: | |
| Address of the adult:  (Please state if the individual does not currently have a fixed address) |  | |
| Accommodation Status: | Homeowner  Privately rented  Social housing | |
| Date of birth: |  | |
| Gender: |  | |
| Ethnicity: |  | |
| Has there been a previous VARM meeting? | Yes  No  Unknown  If yes, please provide details:  Date of previous meeting:  Unique ID reference # (if known): | |
| Does the Adult have a disability? | Yes  No  Unknown | |
| Are there any occupants living with the adult who have a disability or are considered vulnerable? | Yes  No | |
| Is the Adult deemed to have mental capacity in relation to the issues being presented? | Yes  No  *(If no, complete an MCA or best interests meeting before*  *convening a VARM)*  Date of (attempted / completed) capacity assessment:  Name of assessor: | |
| Please confirm that the Adult has received the ‘What to expect’ leaflet. | Yes  No  If no - please provide a reason: | |
| Will any individual/family member/carer or advocate be attending the meeting? | Yes  No  If yes, please give details: | |
| What would you like the VARM meeting to consider?  *List/describe the identified risks that are believed to be serious enough that significant harm or death could occur* | | |
| Where support has been declined, record identified reasons and offers of support as far as you are aware: | | |
| Are you aware of any prior safeguarding concerns ever being raised about this adult? | | Yes  No  If yes please give details: |
| What existing factors increase or decrease the likelihood of harm? | | |
| Please answer to the best of your knowledge: | | Does the adult have mobility issues that prevent them to leave their property unaided? Yes  No  Is there an increased risk of fire because the adult smokes or is careless when cooking? Yes  No  Does the adult have a dependence on drugs or alcohol? Yes  No  Is the adult supported by carers? Yes  No |
| Has there been a referral to the Fire Service for a Safe and Well Check with a processed outcome (even if the outcome was non engagement?) | | Yes  No  If no, please give details: |
| Any other comments or information relevant to this case: | | |
| List any other people or organisations that you know who are currently working with the person and give brief details of their involvement: | | |
| Referrer:  Signed: Print Name:  Line Manager/Supervisor  Signed: Print Name:  Organisation:  Date:  Contact details: | | |

If possible please attach copies of any:

* The What to Expect Leaflet completed by the adult/representative
* Capacity assessment(s)
* Support plans (if applicable)
* Other appropriate documentation

Once completed, send this form to the agencies who have been identified to attend the VARM meeting and a copy to [wsab@warwickshire.gov.uk](mailto:wsab@warwickshire.gov.uk)

**Guide for the agency receiving the referral**

Please complete below to the best of your knowledge ahead of the VARM meeting and bring it with you to support decision making.

|  |
| --- |
| 1. **Brief analysis of individual or / and agency practice.** |
|  |
| 1. **Please describe the adults lived experience.** |
|  |
| 1. **Please identify any areas for concern.** |
|  |
| **What is working well?** |
|  |
| 1. **Further relevant information (including completed Risk Assessments)** |
|  |